EMPLOYMENT APPLICATION

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the certification process and, therefore, should represent your best effort.

BEDFORD COUNTY

As an equal employment opportunity employer, the county assures you that your opportunity for employment will be besed on your merit without regard to race, age, color, religion, sex or national origin.

PUSITION APPLII	EU FUR:					FUR I HING	Part Time	renipurely.
NAME						_ SOCIAL SECURI	TY NO	
	LAST	FIRST		MIDDLE				
PRESENT ADDR	ESS	NUMBER						
		NAMREH						
	CITY			STAT	TÉ	······	ZIP CODE	
TELEPHONE					LOWEST	ACCEPTABLE SALA	NRY \$	
·	HOME			BUSINI	ESS			
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Are you availab!	e for fulltime work?	□ Yes □ No	If not, what	hours can y	ou work?			
Will you work o	vertime if asked?	□ Yes □ No	When will u	ou ha availe	ble to begin work?		•	
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				EDUCATIO				
Name of last ele	ementary or high school	attended		·				
Address								. <u></u> -
Circle highest g	rade completed	1 2 3 4 5 6 7	8 9 10 1	12				
Are you a high s	school graduate?	□ YES □ NO						
Do you possess	a high school equivale	ency certificate (GED)	? YES 🗆 I	10 □				
		COLL	EGE OR OTHER	THAINING	AFTER HIGH SCHOOL			٠
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NUMBER OF WORDS PER MINUTE	SHORTHAND TYPING	
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	- 10	
OMPLETE THIS SECTION IF YOU SER	RVED IN THE U.S. ARMED FORCES	Branch of Service
describe your duties and any special training	9	Period of Active Duty (Month & Year)
	•	From To
		Rank at Discharge
		Date of Final Discharge
Reserve status: Active INCLUDE MILITARY I	EMPLOYMENT HISTORY HISTORY, PART TIME, TEMPORARY, AND S	discharge
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State names of relatives and	friends working fo	or us other than your spouse.
ACCOUNT FOR TIME BETW	EEN JOBS	
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STARTING SALARY		
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		EMPLOYMENT HISTORY (CONTINUED)
		EMPLOYMENT HISTORY

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THAT MY MISSTATEMENT OF EMPLOYMENT, IF HIRED.	D BY ME IN THIS APPLICATION IS COMPLETE AND IS TRUE TO THE BEST OF MY KNO MATERIAL FACTS WILL CAUSE FORFEITURE OF ALL MY RIGHTS TO ANY EMPLOYA	MENT OR RESULT IN DISMISSAL
	SIGNATURE	<u>.</u>

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COUNTY OF BEDFORD DEPARTMENT OF HUMAN RESOURCES

REFERENCE RELEASE

Please list 3 previous employers or personal references:

Name: ________ Phone: ________

(Previous/Personal) – Please Circle

Name: _______ Phone: _______

(Previous/Personal) – Please Circle

Phone: _______

Phone: _______

Signing below, I hereby authorize you to verify my employment record. In consideration of this request, I hereby agree to release you from, and hold you harmless for any, and all claims I might have as a result of the information provided to you.

Signature of Applicant Date





Bedford County Human Resources National Background Screening Consent Form

Applicant's <u>Legal</u> Name (printe	d)
Social Security Number	Date of Birth
Applicant's Address	
City	StateZip
	, authorize and give consent for the above named ion regarding myself. This includes the following:
 Local & National Cr All 50 State Sex Offe Full Address Trace Social Security Veri Motor Vehicle Reco 	ication
telephone in connection with me providing information or record	s information to be obtained either in writing or via y application. Any person, firm or organization s in accordance with this authorization is released ty for compliance. Such information will be held in he organization's guidelines.
	ed at any time after receipt of your authorization and, your employment or volunteering.
Print Name:	Date:
Signature:	5-13-388-7
Driver's License Number	State Issued